

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER		AFTER		* IND. DEP.	* IND. DEP.	* IND. DEP.			
	1st AMENDMENT		2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.						
1	1				51					
2		1			52					
3		1	2		53					
4		1	1		54					
5		1			55					
6		1			56					
7		1			57					
8		1			58					
9		1			59					
10		1			60					
11		1			61					
12		1			62					
13		1			63					
14		1			64					
15		1			65					
16		1			66					
17		1			67					
18		1			68					
19		1			69					
20		1			70					
21		1			71					
22		1			72					
23		1			73					
24		1			74					
25		1			75					
26		1			76					
27		1			77					
28		1			78					
29		1			79					
30		1			80					
31		1			81					
32		1			82					
33		1			83					
34					84					
35		1			85					
36		1			86					
37		1			87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.					TOTAL DEP.					
TOTAL CLAIMS					TOTAL CLAIMS					